



January 30, 2017

Ms. Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW Washington, D.C. 20554

RE: Submission of FCC Form 555 for Summit Telephone and Telegraph Company of Alaska, Inc.: WC Docket No. 14-171

Dear Ms. Dortch,

On behalf of The Summit Telephone and Telegraph Company of Alaska, Inc. (Summit Telephone), Aldrich LLP hereby files, pursuant to 47.CFR. § 54.416 Summit Telephone's FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification Form detailing Summit Telephone's ongoing compliance with lifeline requirements. Summit Telephone has also submitted this form to USAC and the Regulatory Commission of Alaska.

Questions or comments may be directed to the undersigned at 907.552.2115

Sincerely,

Michelle Barnett

Aldrich CPAs + Advisors LLP On behalf of Summit 800 East Dimond Blvd, Suite 3-670

Michelle D. Barnett

Anchorage, AK 99515 Telephone: 907.522.2115

Email: mbarnett@aldrichadvisors.com

Attachment

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

613028			143002707	
Study Area Code (SAC (An Eligible Telecommunica) tions Carrier (ETC) must provide a	Service Provide certification form for each Sc	er Identification Number (SPIN) feline service).
2016	AK	The Summit To	elephone & Telegraph Comp	any Of Alaska
Recertification Year	State	ETC Name		, , , , , , , , , , , , , , , , , , ,
Summit Telep	none Company	N/A		
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Comp (If same as ETC na	oany Name me, list "N/A" Do not leave blank	5)
Does the reporting comp	any have affiliated ETCs?	Yes 🗖	No K	
determined in accordance with I	re affiliated with the reporting ETC Section 3(2) of the Communication. Introlled by, or is under common o	s Act. That Section defines "	affiliate" as "a person that (dir	rectly or indirectly)
Affiliated ETC's SAC	· · · · · · · · · · · · · · · · · · ·	Affiliated ETC's Nar	ne	
	None	None		**************************************
formation, or other similar laws (or partnership agreen comptroller, treasurer, or a	g, an officer is an occupan legal document. An officer nent), and would typically be comparable position. If the f	is a person who occupied president, vice president iler is a sole proprietors!	es a position specified in to the tor operations, vice presi	the corporate by- ident for finance,
	tification All ETCs must complete			1
I certify that the company 1	sted above has certification p	rocedures in place to:		(
that, to the best of my	gram-based eligibility docum knowledge, the company w based eligibility prior to his o	as presented with docu	mentation of each consu	ine program, and mer's household
B) Confirm consumer elig Lifeline administrator pr	ibility by relying upon accerior to enrolling a consumer in	ess to a state database at the Lifeline program.	and/or notice of eligibility	y from the state
I am an officer of the com above.	pany named above. I am aut	horized to make this ce	rtification for the Study A	Area Code listed
Initial				

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
9	0	0	0	9

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
9	8	1	1	2

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JLS

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

<u>`</u>						
	····	·				•
(List database or name of administrator here)						
Results are provided in the chart above in	Blocks K through	L. I am ai	n officer of the	company name	ed above.	I am

authorized to make this certification for the

SAC listed above.

Initial _____

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9	2	22.22%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No xx

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	O		
Month	Subscribers De-Enrolled for Non-Usage		
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total Subscribers			

Signature Block

By signing below, I certify that the company listed procedures. I am an officer of the company named	above is in compliance with all federal Lifeline certification d above. I am authorized to make this certification for the
Study Area Code (SAG) listed above.	to instance the continue of th
Signed, 1	
from flethe	Jamie Shoffstall Secretary/Treasurer
Signature of Officer	Printed Name and Title of Officer
/ jkline@summittelephonecompany.com	_1/29/2017
Email Address of Officer	Date
Jamie Shoffstall	907 389-1012
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC	Name